



OMB Number 4040-0004  
Expiration Date: 04/31/2012

## Application for Federal Assistance SF-424

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): * Other (Specify)	
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Natural Resources, CO Dept of					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
84-0644739			879015899		
d. Address:					
*Street 1: 1313 Sherman Street					
Street 2: Suite 718					
*City: Denver					
County: Denver					
*State: Colorado					
Province:					
Country:					
*Zip/ Postal Code: 80203 - 2239					
e. Organizational Unit:					
Department Name:			Division Name:		
Colorado Department of Natural Resources			Colorado Division of Reclamation, Mining & Safety		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Kimberly			
Middle Name:					
*Last Name: Seymour					
Suffix:					
Title: Grants Officer					
Organizational Affiliation:					
*Telephone Number: 303-866-3567 xt 8141			Fax Number:		
*Email: kimberly.seymour@state.co					



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*Email: kimberly.seymour@state.co			

**Colorado Department of Natural Resources/  
Division of Reclamation, Mining & Safety  
Application for Rico Argentine Mines near the  
Town of Rico, Dolores County, Colorado**

**Resubmitted March 20, 2012**

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9. Type of Applicant 1: Select Applicant Type: **A. State Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**U.S. Environmental Protection Agency**

11. Catalog of Federal Domestic Assistance Number:

**66.802**

CFDA Title:

**Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements**

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

**Dolores County**

\*15. Descriptive Title of Applicant's Project:

**Rehabilitation measures and hydrologic investigation of underground workings at Rico-Argentine mine complex.**

**Attach supporting documents as specified in agency instructions.**

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16. Congressional Districts Of:

\*a. Applicant 1

\*b. Program/Project: 3

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date: 05/01/2012

\*b. End Date: 12/31/<sup>2012</sup>~~2013~~

18. Estimated Funding (\$):

\*a. Federal \$44,585.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$44,585.00

\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

\*First Name: Bruce

Middle Name:

\*Last Name: Stover

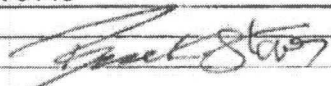
Suffix:

\*Title: Director, Active & Inactive Mine Program

\*Telephone Number: 303-866-3567 xt 8146

Fax Number:

\*Email: bruce.stover@state.co.us

\*Signature of Authorized Representative: 

Date Signed: 02/01/2012